N. B.—WRITE PLAIN

V. S. No. 1

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ANENT RECOR	CTLY. PHY	sified. Exact	
MANGIN RESERVED FOR DINDING	S IS A PERM	stated EXA	e properly class	certificate.
reserver.	VG INK-THE	AGE should be	that it may be	ons on back of
TAPOIL	TH UNFADIN	ly supplied.	lain terms, so	TION is very important. See instructions on back of certificate.
	PLAINLY, WI	ould be careful	F DEATH in p	ery important.
•	-WRITE 1	mation she	CAUSE O.	TION is v

STATE OF	MARYLAND—CERTIFICATE OF DEATH	9917
DEATH	(A. c.)	~~1

1. PLACE OF DEATH			Ha V	
County Worcester		WITHIN O	Registration Dist. No.	
Village or City Pocomok	e City.	(lf	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence In city or town where	daath occurred	yrs,mos	ds. How long in U.S. if of foraign birth?yrsmo	sds.
2. FULL NAME Bettie	Ardis.		If U. S. Veteran, specify WARNO	
(a) Residence: No.	Gray (Usual place	Street of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIS	TICAL PARTI	CULARS .	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Female Colored Married			21. DATE OF DEATH Febuary 17. (Month) (Day)	193_6 (Year)
5a. If married, widowed, or divorced HUSBAND of George Ardi (or) WIFE of George Ardi	S		22. I HEREBY CERTIFY. That I attanded of	
6. DATE OF BIRTH (month, day, and year)	May 12.1	902	I lest saw h er elive of ad ,19 ,19 ,19	
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, S			From history probably had Influenza, complicated by a	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	•••••	***************************************	Pneumonia. Not having a physica and not going to bed, she died	
10. Date deceased last worked at this occupation (month and year) 1936 occupation (month and year) 1936 No. 12. BIRTHPLACE (city or town) ACOMAC County (State or country) Virginia			result.	
			Other Contributory Causes of importance: as Gororner an Inquest was not	1
			nessasary.	
13. NAME Edward Mapp 14. BIRTHPLACE (city or town) (State or country) DO not know			Name of operation Date of	
15. MAIDEN NAME Leara K	ato		23. If death was due to axternal causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Leara Kato 16. BIRTHPLACE (city or town) Accomac County (State or country) Virginia			Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
17. INFORMANT Thomas Mears (Addrass) Pocomoke City, Md.			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Burtons Church. According County Va. Data Feb. 19. 19. 36			Manner of injury	
19 UNDERTAKER J. F. Thomas			24. Was disaase or injury in any way related to occupation of daceasad?	
(Addrass) Accomac. C. H. Virginia.			Man annile.	
	Lu J. R.		(Signad) John J. Reley. Peace, action (Addrass) Pocomoke City. Coror	as M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dinte of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Z

STATE OF MAI	RYLAND-	CERTIFICA	TE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2218
County Worcepter	Registration Dist. No. 353
Village or City Whalefielle mil	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME () atperine / alse	
(a) Residence: No. Whaleyvill Ind.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
OR DIVORCED (write the word)	1 2 0 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Of Mile Plane & B. A.	22. I HEREBY CERTIFY That I attended daceasad from
numan J. Jaker	Jul 15 134, 10 Alb 17, 1936
6. DATE OF BIRTH (month, day, end year) 6/16/1866	Mart saw her aliva on 1560 17 1936; death is seid
7. AGE Years Months Days If LESS than	to have occurred on tha dete stated above, etm.
70 8 4 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were a ollows:
8. Trade, profassion, or particular kind of work done, as SPINNER,	Lagder Vascolor Court
SAWYER, BDDKKEEPER, atc. Macese Regains	Nicola
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
(1) tD Date deceased last worked at	
this occupation (morth and year) 14.34 spant in this left occupation is left e-	
t2, BIRTHPLACE (city or town)	Dthar Contributory Causes of Importance
(State or country)	The state of the s
II 13. NAME Eleck Baker	
13. NAME Celeck 12 akeer 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Los Wes there an autopsy? Her
15. MAIOEN NAME Joleda Hall	23. If daath was dua to axternal causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Joleda Jales 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury 19
₹ (State or country)	Whare did injury occur?
17. INFORMANT Wildiam & Baker	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Whalegreeth my	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of Injury
Place. Helmflen. Date 2 /23., 1936	Natura of Injury
19. UNDERTAKERT M. Waltant John	24. Was disease or injury in any way related to occupation of deceased? . Tus
(Address) Sellyville avel	If so, specify
20, FILED Fet. 21 19 36 Hame Liturge	(Signed) M. D.
Résistrar.	(Address) Address

If more blanks are needed, address Stoke Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person agcd 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS I	BY	PHYSICIAN
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V. S. No. 1

	-CERTIFICATE OF DEATH 2219
1. PLACE OF DEATH County North ter	23
VI: 16+	No. Registration Dist. No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
20 10-	isds. How long In U.S. if of foreign birth?
//-	If U. S. Veteran, specify WAR 75.
(a) Residence: No. // (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	21. DATE OF DESTINATION 19 (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Don't Know	
7. AGE Years Months Days If LESS than 1 day,hrs	THE PRINCIPAL CAUSE OF BEATH and letated causes of importants
8. Trade, profession, or particular kind of work done, as SPINNER Hawler SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation.	no Noctor in allendances at time of death and reach for over a moult Francis history he evident
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. NAME 16. (State or country) 17. NAME 18. NAME 19. NAME	at tomer bly deian
(State or country)	Nama of operation
15. MAIDEN NAME Lawter & Collich	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Planter Ollich	Accident, suicide, or homicide?
7. INFORMANT Simes Brattion of .	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Por Wash Cera Day Telman 0, 1936	Manner of injury
19. UNDERTAKER / Barne - Lenning (Addrass) Onor Hell and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. 2919, 1936 RELOY Secreth	(Signad) Elsey Sweeth & Regt of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	1 week ago
Peritonitis	
2 0 0000000	3 days ago
Other contributory causes of importance:	1 year
	Other contributory causes of importance: Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Stated EXACTLY. PHYSICIAMS stated EXACTLY. Exact statement of OCCUPA-ACORD. Every item of infor--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. IARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important. V. S. No. 1

1. PLACE OF DEATH County Village of Digital Control of County Leagth of recidence in elegant from when death occurred. Village of Digital Control of County Leagth of recidence in County (a) Residence: No. 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Re	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2200
Village or City Status VIII No. Length of residence in city or town where death accurred. Length of residence in city or town where death accurred. A country of the state and will will be stated and w	1. PLACE OF DEATH	(94P) V
Langth of residence in cityper town where death occurred to at the wings in a Nample of instead of steer and number? 2. FULL NAME (a) Residence: No. (Lunal place of shoots St., Ward, If nonreadent give city or town and State PERSONAL AND STATISTICAL PARTICULARS St., Ward, If nonreadent give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. LER EBY CERTIFICATE OF DEATH 23. If murried, widowed, or glovered (Month) (North Corp. 19.5 to 19.5 t	County Woscesler	Registration Dist. No. 351
Langth of residence in cityper town where death occurred to the November of th	Village or City Survey Ville Ma	No. St. Ward
(a) Residence: No. (Unsalphace of abody) PERSONAL AND STATISTICAL PARTICULARS 3/4EX A. COGOR OF RACE S. SINGLE, MARRIED, WIDOWED Sa. II married, widowed, or diverted objective to the control of th	/ > (If	death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of about St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3,3XX 4, COLOR OF RACE OSSINGLY, MARKER, WIDOVED OSSINGLY, Willowed OSSINGLY, Washington, Willowed Ossingly, Willowed Williams, Wi	Length of residence in city or town where death occurredmos.	No.
PERSONAL AND STATISTICAL PARTICULARS ACOURD OF FACE SOME AND STATISTICAL PARTICULARS SOME A	2. FULL NAME CURIEV / 1 mily	If U.S. Veteran specify WAR.
PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OF RACE S. SISSEL MARKERD, WIDOWED OAST ORGER (Signet the work) 5a. If married, widowed, or divorced (Work) William (Signet the work) 5a. If married, widowed, or divorced (Work) William (Signet the work) 6. DATE OF BIRTH (month, day, and year) /, 2, 06 7. AGE Year: Months Oays I day,		
4. COLOR OF RACE So. II married, widowed, or divorced Constitution So. II married, widowed, or divorced So. DATE OF BIRTH (month, day, and year) So. DATE		The second secon
Sa. It married, widewed, or dispressed HUSSAND of Corp. Wiff et S. DATE OF BIRTH (month, day, and year) / 2, '06/ T. AGE Years Months Oay It LESS than 1/2 I day Less Or. min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Coatybatery Cases of importance: The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Other Coatybatery Cases of importance: Other Coatybatery Cases of importance: What test confirmed diagnosis? Was thera an approxy. Was thera an approxy. T. Informative of the country. What test confirmed diagnosis? Was thera an approxy. T. Informative of the country. Where did injury occur? (State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Date of Injury. Nama of operation. Manner of injury. Nama of operation. Nama of operation. Oate of Injury. Nama of operation. What test confirmed diagnosis? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of		
### SAND of Con-Hiese College Commence Control of Contr	Male White Harriette	Lebruary 5 1936
T. AGE Years Months Johnson Agentic Structure To Months Agentian To Hava occurred on the data stated above, at 2, 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate clonest to have occurred on the data stated above, at 2, 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate clonest When the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate clonest United Children Oate clonest Oate c	HUSBAND of	22. LINEREBY CERTIFY, Int I attended deceased from
T. AGE Years Months Johnson Agentic Structure To Months Agentian To Hava occurred on the data stated above, at 2, 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate clonest to have occurred on the data stated above, at 2, 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate clonest When the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate clonest United Children Oate clonest Oate c	S DATE OF RIPTH (month day and weet) / 5.2 106/	Hast saw h saliya on 2/5/26 19 death le cald
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oute of one at SPINNER SAWYER, BOOKKEPER, etc. S. Judgets or which work was done as SPINNER SAWYER, BOOKKEPER, etc. S. Judgets or which work was done as SILK MILL, Affair Annual Sawyer as follows: One of one of the company of		. 66
Date of conset Section Procession Pro		The PRINCIPAL CAUSE OF DEATH and related causes of importance
Sindustry or business in which sort was done as SILK MILL. SILM SI	2 Trada, profession, or particular	Oate of onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANY 18. BURIAL, CREMATION, DR RENWAL Place 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 20. FILED 21. Total time (year) spent in this	SAWYER, BOOKKEEPER, et Land Seacher	(1) (1) (1)
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANY 18. BURIAL, CREMATION, DR RENWAL Place 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 20. FILED 21. Total time (year) spent in this	9. Industry or business In which work was dona, as SILK MILL.	Mute Orman (Colusion) 1/36
this occupation (Corporate Section of Course of Importance) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Staty or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMEVAL Place 19. UNDERTAKER (Address) 10. FILED 10. A Section 11. Specify 12. BIRTHPLACE (city or town) (Staty or country) 12. BIRTHPLACE (city or town) (Staty or country) 13. NAME 14. BIRTHPLACE (city or town) (Staty or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Staty or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMEVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED 10. A Section (Signed) 10. Course of importance: 10. Oate of Monicide? 21. If death was due to external causes (VIOLENCE) fill in also the following: 22. If death was due to external causes (VIOLENCE) fill in also the following: 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. Was disease or injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMEDIAL (Address) 19. UNDERTAKER (Address) (Address) (Address) (Address)		/
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	this occupation (nown) and 7 5/5 spent in this	4
13. NAME Stuvart Brownley 14. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an apopty? Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury Nature of injury Was disease or injury in any was related to occupation of deceased? If so, specify Signed Signed Was disease or injury in any was related to occupation of deceased? If so, specify Signed Signed Was disease or injury in any was related to occupation of deceased? If so, specify Signed Was disease or injury in any was related to occupation of deceased? If so, specify Signed Was disease or injury in any was related to occupation of deceased? If so, specify Was disease or injury in any was related to occupation of deceased? If so, specify Was disease or injury in any was related to occupation of deceased? If so, specify Was disease or injury in any was related to occupation of deceased? If so, specify Was disease or injury in any was related to occupation of deceased? If so, specify Was disease or injury in any was related to occupation of deceased? If so, specify Was disease or injury in any was related to occupation of deceased	The state of the s	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 19. UNDERTAK		Al and the first
What test confirmed diagnosis? Was there an a young and state of the		- quarification
What test confirmed diagnosis? Was there an a young and state of the	H. J. Wallet	and A
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Statutor country) 17. INFORMANT Ethel Drowley (Address) Fround Holley (Signed) (Signed) (Signed) (Address) Fround Holley (Signed) (Signed) (Signed) (Address) Fround Holley (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)	4. BIRTHPLACE (city or town) (State or country)	Clarea
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 17. INFORMANCE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury 19. UNDERTAKER Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury 19. UNDERTAKER Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 17. INFORMANCE Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMAYAL Place 19. UNDERTAKER Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNDERTAKER Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address)	11 15. MAIOEN NAME Ida Messith	
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18. BURIAL, CREMATION, OF REMAYAL Place M - Oate		(Specify city or town, county and State)
Place M - Cenn. Oate - W. J., 1940 19. UNDERTAKER Centre - Control of deceased? 19. UNDERTAKER CENTRE - CONTROL of Control of deceased? 19. UNDERTAKER CENTRE - CONTROL of Control of deceased? 19. UNDERTAKER CENTRE - CONTROL of Cont		
19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was disease or injury in any was related to occupation of deceased? 19. UNDERTAKER CAMPE 1 24. Was	m 18 (2 - 1 - 01 - 1 2)	
20. FILED 26 , 1936 REPORT SWEETS (Signed) (Address) Sweets M.D. (Address) Market M.D. (Address) Market M.D. (Address) Market M.D.	Hand	
20. FILED 26 , 1936 REPOY Swith (Signed) & Masselve M.D. Registrat. (Address) Swill Fill m.D.		
	20. FILED 2/6 1936 REROY Swith	(Signed) A Desche M.D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1			Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAR 4 1936	1915	Attack of epilepsy	1 week ago	
Chronie interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SUMEAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	for-	fate	PA-	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	tem	shou	of O	
	ery i	INS	ent	
). Ev	SICL	atem	
	CORI	PHY	ct st	
	KEC	r. 1	Exa	
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	ING	AG	so th	ction
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	Y, W	aref	H in	rtan
	E	be c	EAT	impo
	PLA	pino	F D	TION is very important. See instructions on back of certificate.
		ı sh	EO	is
	YRI	tion	SON	NO
	F	ma	CA	TI

TION is very important.

19. UNOERTAKER

(Address)

2/2

STATE OF MA	RYI AND—	CERTIFICATE	OF DEA	TH 999	
1. PLACE OF DEATH			o. DEA		12
County - Worcesley			Registration D	ist. No.351	
Village or City 2 Snow Hill		No		St.,	Ward
Length of residence In city or town where death occurred.		death occurred in a hospital or insti-			
2. FULL NAME Mary Brown	vn	H U.S. Veteran ape	M	9.	
(a) Residence: No.		St., Ward.	X		
	ace of abode)	MEDICAL		ive city or town and	State
PERSONAL AND STATISTICAL PAR	TICULARS		CERTIFICATE	OF DEATH	
Female Col OR DIVO	ARRIED, WIDOWED, CCED (write the word)	21. DATE OF DEATH	mary (Month)	23 (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	rown	22. 2/HEREB	YCERTIFY	That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	1864	I last saw her alive on	123/30	, 19	; death is said
7. AGE Years Months Days	If LESS than	to have occurred on the date sta	ted above, at 3	A.m.	•
71 4 12	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEA	ATH and related causes	of Importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	ife	(Reute Sit	ation of	Heart	Wasta
work was done, as SILK MILL, Orunta	ame		1		790
- I this occupation (month and / 4 3/0)	al time (years)_ spant in this 50 4/15		<i>V</i>		
12. BIRTHPLACE (city or town) Inaufond		Other Contributory Causes of im	portance:		86
(State or country)	vare_	Cal Myo	CALLULY		otheren
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	0	<i></i>	An		
14. BIRTHPLACE (city or town)	et .	Name of operation	Olemen	A Date of	Mr
^ ^	war	What test confirmed diagnosis	200 qq	Was there an a	nutopsy!
王	young	23. If death was due to external c Accident, suicide, or homicide?			
State or country)	awarl	Where did Injury occur?			
17. INFORMANT Froster) Johns (Address) Know Hall ma	9 R. 7. D. /	Specify whether Injury occurred	(Specify city or to in INDUSTRY, in HOM	own, county and Stat IE, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Plants Plant Cong Cander Oate	h 24 1036	Manner of Injury			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

24. Was disease or injury in app way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: AR 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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2

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
)			
Other contributory causes of importance: 1936		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
The second secon				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH	22
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	1. PLACE OF DEATH			
	County Worcesler.	Registration Dist. No. 352		
	Village or City Berlin, R. J. D.	NoSt.,	Ward	
		death occurred in a hospital or institution, give its NAME instead of street and n		
	Length of residence in city or town where death occurred	ds. How fong In U.S. if ot toreign birth?yrsmo	S05.	
	2. FULL NAME of ary f. Dennis	If U. S. Veteran, specify WAR.		
	(a) Residence: Np. Arriva (Usual place of abode)	St., Ward. If nonresident give city or town and :	State	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	J. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Westowest	21. DATE OF DEATH (190nth) (Day)	, 193 (Year)	
	5a. It married, widowed, or divorced HUSBAND ot	22. A LHEREBY CERTIFY. That Lattended of	deseased from	
	(or) WIFE of J. Edward Dennis	Let 26 36 Jet 24	1936	
*	6. DATE OF BIRTH (month, day, and year) March 21, 1878	I lest saw her alive of the 27 1536	: death is said	
certificate	7. AGE Years Months Deys It LESS than	to have occurred on the data stated above, at 52 m.		
tif	57 11 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance		
cer	8. Trade profession or particular	Chrone myocarditos.	Dats of onset	
Jo	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9 Industry or business In which work was done as SILK MILL.	Che interpt neplectos	•	
ıck	9 Industry or business In which work wes dona, es SILK MILL, SAW MILL, BANK, etc.	V /		
on back				
10	11. Total time (yeark) this occupation (month and year)			
instructions	20	Dther Contributory Causes of importance:		
net	12. BIRTHPLACE (city or town) (Stete or country)	Out a Builde	4.L.31	
str	# 13. NAME Charles & Frisher.	and the same	1.40	
ii a	Ξ	Name of operation Data of		
See	[14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Clinical Was there en a	utonsy?	
+	15. MAIDEN NAME Many I Locloway.	23. If death was due to external causes (VIDL ENCE) fill in elso the following		
important	15. MAIDEN NAME Mary Holloway. 16. BIRTHPLACE (city or town) Maryland.	Accident, suicide, or homicide? Date of injury		
por	State or country)	Where did injury occur?		
very im	17. INFORMANT Mrs. Virginia Murray. (Address) Delawall Del.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
A A	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
118	Place Evergreen Cera. Date March / 1936	Nature ot injury		
TION	19. UNDERTAKER J. W. Burboge	24. Was disease or injury In any way related to occupation of deceased?	20	
I	(Address) Serlin Mil	If so, specify		
T	20. FILED 2-29, 1936 IV Mussifus Registrar.	(Signed Sange Server) (Address) Tillarko Mil-	M. D.	
-	If more blanks are needed, address State Registrar,	2421 N. Charles Street, Balsimore, Requesting V. S. No. 2.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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3	Example II	
	of importance were as follows:	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,192	7 Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,192	3 Gastroenteritis	1 year
	1915 1921 1921 July 5,192	Dete of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

1

should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAN	D-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3) × 5 (1.2)
County Worcester.	Registration Dist. No. 352
Village or City / Derlin, Md.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs. 2. FULL NAME Jufaul Fassell	mosds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the v	WED, word) 21. DATE OF DEATH 2
5a. If married, widowed, or divotcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) File. 5. 1936	I last saw h elive on, 19; deeth is sald
7. AGE Years Months Days If LESS 1 dey.	hrs. The PRINCIPAL CAUSE OF DEATH end related causas of Importanca
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decased lest worked at I1. Total time (years)	Stil Borne -
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
1D. Date decaased lest worked at this occupation (month end year) occupation	attindance,
12. BIRTHPLACE (city or town)	Dther Centributery Causes of importance:
13. NAME Calob Davis -	
13. NAME Caleb Baves - 14. BIRTHPLACE (city or town) Berline, M. (State or country)	Name of operation Date of Date of What tast confirmed diegnosis? Was there an autopsy?
	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Chica Mirry dassil	Accident, suicide, or homicide?
17, INFORMANT John Bowelf (Address) Barlin Ond,	(Specify city or town, county and State) Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Armandoun Date Fels 6.	Manner of injury
19. UNDERTAKER AU Burban	24. Was disease or injury in any way related to occupation of daceased?
20, FILED FIEL 5 -, 1936 & V Megga	first (Signad) I of Margueton Charles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial negliritis MAD 4 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

		4)		
	HITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT KECORD. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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8	ry i	SZ	nt c	
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SIAIL (F MARYLAND—	CERTIFICATE OF DEATH 2225
County Wareest	tes -	Registration Dist. No.
Village or City / Deril	in Half	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where	death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Lags	al fairs	If U. S. Veteran, specify WAR
(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH 21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	1	22. I HEREBY CERTIFY, That bettended deceased from
6. DATE OF BIRTH (month, day, end yeer)	An 12 1936	l lest sew h elive on F. L. 19 71 deeth is said
7. AGE Years Months	Deys If LESS than 1 dey,hrs. ormin.	to have occurred on the dete steted ebove, atm. The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		John Pheumonia Ja, 25.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date decessed lest worked at this occupetion (month and year)	11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (Stete or country)	red g	Other Contributory Causes of importence:
I 13. NAME PLACE	Maris AV	
13. NAME / Lacul 14. BIRTHPLACE (city or town)	fra f	Name of operation
	2 11 1 000	Whet test confirmed diagnosis?
H	e purnell	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
Stete or country)	nd	Where did injury occur?
17. INFORMANT AMAIL (Address)	Prisnell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	91,00	Manner of injury
Plece The Day	Dete 1 1 1 19 6	Nature of injury
19. UNDERTAKER (Address)	en fage	24. Wes disease or injury in any way related to occupation of deceesed? No
20. FILED 1944 9 , 1936 9	V Mrey Josef Registrar.	(Signed) Ciq Holland M. M. (Address) Berlin md
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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL S	PACE FOR	FURTHER	STATEMENTS	BY PHYSICIA	N



1000	County Norcester _ WITHIN ON	Registration Dist. No.
o Jo	Village or City Pream See Coty	NoSt.,Ward
		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Statement	2. FULL NAME COMME CONTINUE CO	all U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Slove Dr. Sleblook	22. I HEREBY CERTIFY, That I attended deceased from
-	6. DATE OF BIRTH (month, day, and yaer) 150 / 2-/86/	I lest saw h. alive on 7, 1936, death is sald
	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(tauble)
	10. Date decassed last worked at 11. Total time (years) spent in this occupation (month and 936 occupation spent in this occupation	
	12. BIRTHPLACE (city or town) Nacesty Co, (State or country)	Other Contributory Causes of importanca:
	I 13. NAME Frances Powell	
	14. BIRTHPLACE (city or town) Wange State Oc. (State or country)	Name of operation
	15. MAIDEN NAME Rosa Holland	23. If death wes due to external causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME A COLUMN TO COLUMN T	Accident, sulcide, or homicide?
	2 (State or country) 17. INFORMANT ALLS MALL TOPING (Address) (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
	19. BURIAL CREMATION, OR REMOVAL Place 12. 12. 12. 12. 12. 13.6	Manner of injury
	19. UNDERTAKER GALLOS EL STOPLES (Addrass) CONCESSION CONTRACTOR OF CONT	24. Was disease or injury in any way related to occupation of daceased?
	20. FILED Feb 11. 1936. John J. Registrar.	(Signad) Galland M. D. (Address) August Cir mul

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago
l see to v. s.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Section and Section 1999	
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6	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

W W	item of infor-	should state	of OCCUPA-
2	IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state	properly classified. Exact statement of OCCUPA-
FOR BINDING	N PERMANENT	ed EXACTLY	erly classified.
FOI	IS	state	prop

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEA	TH C	ZI WIZAK	LAND	CERTIFICATE OF BEATT 1999
County Word	ester			Registration Dist. No. 35/
Village Or City				No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
, 2. FULL NAME.G		Gibbons		If U. S. Veteran, specify WAR
(a) Residence: No.		(Usual place o	of abode)	If nonresident give city or town and State
PERSONAL A	ND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
	or or race	5. SINGLE, MARE OR DIVORCED Widow	(write the word)	21. DATE OF DEATH - ebruary 14th. 1936 (Month) (Day) (Year)
5a. If marriad, widowed, or dis HUSBAND of (or) WIFE-of Emm:	vorced a E.Gibb	ons		22. LHEREBY CERTIFY That attended deceased from 13 1936 to 10 13 1936
6. DATE OF BIRTH (month, d	ay, and year)	e.13th.	1859.	I last saw h. alive on FW. 3 , 19 6; death is sain
7. AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 0 . 30Pm.
76	2	1	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
Industry or business work was done, a	i, as SPINNER, F EEPER, etc	armer		Levility. malnutations gries
this occupation (myear)	1935 Domers	et Coun	tin this Life	Jes before life with steath. Const. R. Other Contributory Canses of importance:
(State or country)		rland.		- Unimportant. He had not been ill,
13. NAME George 14. BIRTHPLACE (city or (State or country)	town) Some		inty	Nama of operation Date of What tast confirmed diagnosis? Consultation Was there an autopsy?
15. MAIDEN NAME	arv McDa	niel		23. If death was dua to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Wary McDaniel 16. BIRTHPLACE (city or town) Somerset County (Stata or country) Haryland.			nty	Accident, suicide, or homicide?
17. INFORMANT I IS . II (Addrass) . O C O	SALES SERVICE	renson y, Mary L	and.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18 BURIAL CREMATION, OR Presbyteria	n Cemete	Py Date Feb.	17th.1936	Manner of injury
19. UNDERTAKER VOLUME (Address) OCOM	oke City	Stev	nd.	24. Was disease or injury In any way related to occupation of daceased? 16 so, specify 15 so, specify 16 so, specify 17 so, specify 17 so, specify 18 so, sp
20. FILED 2916	, 19 36 \$	ERoy &	Registrar.	(Signed) July Hill M. [(Address) July Hill M.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1936	July 5, 1927	Peritonitis	3 days ago
WEST V. S.			
Other contributory causes of importance:	200	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1

should state OCCUPA-

Exact statement

classified.

certificate. properly

> Jo back

See instructions on

CAUSE OF DEATH in plain terms, so that

-WRITE

V. S. No. 1

TION is very important.

may

CTATE OF MARY IND	CERTIFICATE OF REAL
STATE OF MARYLAND— 1. PLACE OF DEATH County Novelton Village of City Novelton	CERTIFICATE OF DEATH 2226 Registration Dist. No. 351
Langth of rasidance in city or town whera death occurredyrs 3mos.	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: ND (Usual place of abode)	St., Ward. If nonresident give city or town and State
3. SEX 4. COLOR OR RACE Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write type word) Memode Audioused"	21. DATE OF DEATH 21. DATE OF DEATH (Month) (Dev) (eer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of HUSBAND OF Assured HUSBAND OF CONTROL OF BIRTH (month, day, end yeer) Rout Know 1840	22. HEREBY CERTIFY. That I attended daceased from 1936, to Filey 20, 1936 I last saw hallow on 245.7 19 ; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, etm. Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows: Date of onset
S. Hede, profession, of perturbations with the work dona, es SPINNER SAWYER, BODKKEEPER, etc. S. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workel et this occupation (nonth end year) spent in this occupation occupation occupation.	Mot known, whether or not this death in-
12. BIRTHPLACE (city or town) Maryland	Other Coutributory Causes of Importence:
13. NAME West Renow 14. BIRTHPLACE (city or town) 11	Neme of operation

(State or country) MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country 17. INFORMAN

(Addrass) 18, BURIAL

49. UNDERTAKER (Address) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Mannar of injury

23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:

What test confirmed diegnosis?_____ Was there an eutopsy?____

(Specify city or town, county and State)

24. Was disease or injury in env wey related to occupation of dacaased?

If so, specify (Signed)

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Where did injury occur?

Neture of injury.

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	Example I	[]	Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	*	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 4 1936	July 5, 1927	Peritonitis	3 days ago
	SUMPAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1

PHYSICIANS should state

stated EXACTLY.

AGE should be

mation should be carefully supplied.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Warlester	Registration Dist. No. 332
Village or City Bulin Hed	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1) (h) 7/ h	M 1/6/19/4
2. FULL NAME Paul	11 U. S. Veteran, specify WAR & Co. C.
(a) Residence: No. 18 sslum (Usual place of abode)	St., Ward. If nonresident give city or town and Slate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (perite the word)	21. DATE OF DEATH The 3
filale while pearried	(Month) (Dey) (Yeer)
5a. If married, widowed or divorced HUSBANO of	22. HEREBY CERTIFY That I ettended deceased from
(or) WIFE of (fisher 6. Haeper	164-18 38 to Feb. 137 436
6. DATE OF BIRTH (month, day, and year) Lane, 24, 1899	t last saw have alive on Flb 3, 19 ; death is said
7. AGE Yaars Months Oays if LESS than	to have occurred on the data steted abova, at 1-29fm.
37 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as jettows:
rada, profession, or perticular kind of work done, as SPINNER,	aspedictor perater (45/14)
SAWYER, BOOKKEEPER, atc	Meritory !
work was done, as SILK MILL, SILLULAR SAW MILL, BANK, etc.	Though The Sell And W
O 10 Date deceased last worked et this occupation (month and / 9 3 6) 11. Total tima (years) spent in this	deibolonise of Reall
yaar) occupation	Other Contributory Lause of Importances 18 18 18 18
12. BIRTHPLACE (city or town) W. Ungenia	ace o whereout
(Stata or country)	
13. NAME Melow Harper	
13. NAME JULIUM HARPEN 14. BIRTHPLACE (city or town)	Neme of oparetion
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Enna Chbright 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida?
(State or country) fifty why will	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Will Cy Jurpel)	Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Silver Condition of Removal	Manage of Jellium
Place Il Mryne Oate Hot, 5, 1936	Manner of injury
1 18 12 16-00	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER OLI MANUALIA (Address)	If so, specify
2/2- 21 1 May 110 11	(Signad) VI Abrance M. O.
20, FILEO 4 , 192) So Solution (Registrar.	(Address) Jeen Cola Mel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL :	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 200
1. PLACE OF DEATH	The state of the s
County / Opcesiers,	Registration Dist. No. 350
Village or City for our offer tent	7 No. St., W.
Length of residence in city or lown where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAMES her Holder	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Typuccua tolder	1 HEREBY CERTIFY hat Lyland decessed
10/4/5-1900	FF6 U''
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then	I lest saw harman alive on
1 dey,hrs.	to heve occurred on the dete stated above, and all the m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 2 Trade profession or profit light	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, and selection of SAWYER, BOOKKEEPER, etc	FULMONARY TUBERCULOSIS 3M
9 Industry or business in which work was dona, as SILK MILL.	JULINGHIARY JUDICA COTOSTS SIN
SAW MILL, BANK, etc	
year) occupation	Othar Contributory Caoses of Importanca;
12. BIRTHPLACE (city or town)	
(State or country)	Exhaustion TWA
13. NAME Majorgh and 14. BIRTHPLACE (city of town) To convolve City	
(14. BIRTHPLACE (city of town) Cocorrolle Cely	Neme of operation Date of
(State of Country)	What tast confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME / Marce Step les,	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Marcester Co.	Accident, suicide, or homicide? Date of injury,19
(State or country)	Where did injury occur?
17. INFORMANT / Successa Holder (Address) / Corre Le Cety Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
John Well termone et. // 1936	
19. UNDERTAKER PROPERTY STEWART (Address)	24. Was disease or injury in any wey related to occupation of daceasad?
20. FILED Jeb 11, 1936 John T. Riley	(Signed) LEE HAJI N
Registrar.	(Addrass) LOCOMORE CITY

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAP 3 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	**************************************	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

B.

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should state

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2231
1. PLACE OF DEATH	
County Worcester	Registration Dist. No. 353
Village or City Sishappville	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME hole unit	ds. How long in U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed of divorced HUSBAND of (or) WIFE of Warned Towns 1878 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, CAN wall DRAW 11 DRAW 11 DRAW 11 DRAW 11 DRAW 12 DRAW 11 DRAW 12 DRAW 12 DRAW 12 DRAW 12 DRAW 12 DRAW 11 DRAW 12 DRAW 12 DRAW 12 DRAW 12 DRAW 12 DRAW 13 DRAW 13 DRAW 14 DRAW	22. I HEBEBY CERTIFY. That I attended deceased from 1936, to 2 1936; death Is said to have occurred on the date stated above, et 76 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
work was done, es SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation mention occupation year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 14. Total time (years) spent in this occupation Country Control Country Country Control C	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Name of operation Dete of Was there an eulopsy 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Data of injury 19
State or country)	The state of monitories and the state of many

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) Registrar.

Nature of injury 24. Was disease or injury In any way related to occupation of If so, specify (Signed)

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

Where did injury occur?____

Manner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 4.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ii ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY	PHYSICIAN
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portance:

1 year

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TION is very important. See instructions on back of certificate.

				()()')
STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH

1. PLACE OF DEATH	MARTLAND—	CERTIFICATE OF DEATH
County Worcester	WITHIN COMPO	Registration Dist. No. 350
Village or City Pocomoke Cit	(IF	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death oc	curredyrs,mos	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME harriet a.	James	If U. S. Veteran, specify WAR
	Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
OR	NGLE, MARRIED, WIDOWED, DIVORCED (write the word) LOW	21. DATE OF DEATH POCOMORE City ebruary 15th., 1936. (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Smith H?James		22. I HEREBY CERTIFY. Thet I ettended deceased from 19 6, 19 6, to 19 6
6. DATE OF BIRTH (month, day, end year) Sept. 7. AGE Years Months	Days If LESS than	to have occurred on the date steted above, at 450 m.
87 5	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance
8 Trade profession or particular	1 11-0000-111111	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at Jan. 11. Totel time (years) spent in this recuration (month and		cerefinal demonty 3/9/36
SAW MILL, BANK, etc 10. Date deceased last worked at Jan. this occupation (month and 1936.	11. Totel time (years) spent in this Life occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Torcester County (State or country) Harvland.		Other Coautodory Caases of Importence:
# 13. NAME Howard Gunby		
13. NAME Howard Gunby 14. BIRTHPLACE (city or town) JORGESTS (State or country) Wary	er County	Name of operetion Date of Date of What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Hettie Redde	en	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hettie Redden 16. BIRTHPLACE (city or town) Orcester County (State or country) Maryland.		Accident, suicide, or homicide?
17. INFORMANT J. Sidney Collins (Address) Ocomoke City, Varyland.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL HALLS HILL CEMETERY Date Feb 18th, 186.		Manner of injury
19. UNDERTAKER LEMON P. Str. (Address) Ocomoke City M	aryland.	24. Was disease or injury in any wey related to occupation of deceesed? If so, specify
20. FILED Fal. 15, 19.36. John	To Registrar.	(Signed) M. D. (Address) C. J. M. D.
If more blanks	are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July5,1927	7 Peritonitis	3 days ago
	Other contributory causes of importance:	914
May 1,1928	3 Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	infor-	state
	item of	should
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
MARGIN RESERVED FOR BINDING	PERMANENT 1	EXACTLY.
FOR	IS A	stated
SERVED	INK-THIS	E should be
ARGIN RI	UNFADING	pplied. AG
5	Y. WITH	arefully su
4	PLAINL	should be c
=	-WRITE	mation s

N. B.-WRITE PLAI

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Worceston	Registration Dist. No. 355
	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mod	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infinit James (a) Residence: No. Whalipulle	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (wright the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. JHEREBY CERTIFY, That i attended deceased from
(or) WIFE of	7 Ch 22, 19 35, to fal 2 2, 10 D
6. DATE OF BIRTH (month, day, and year) Feb 22 - 1936	I last saw hi Clead felt 21,19 3 L; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Shellown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Death in utilo
9. Industry or business In which work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month and year) spant in this occupation	
12. BIRTHPLACE (city or town) whalumle md	Other Contributory Causes of Importance:
(State or country)	
I 13. NAME (My Inddean	
13. NAME (Mo Proddeau 14. BIRTHPLACE (city or town) Bell (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy? Ind
15. MAIDEN NAME Jemy & Jarman 16. BIRTHPLACE (city or town) what were country) (State or country)	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19,
≥ (Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Jame 7 mgg	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Puelis Charles	Manner of injury
Place Walysell Date 75h 22,19 36	Nature of injury
19. UNDERTAKER John W Briling (Address) Berlin mit	24. Was disease or injury in any way related to occupation of deceased?
20 FUED 2 - 22 - 136 Itelen F. Name	and (Signed) Ca Halland M. D
Registrar.	(Address) /)lslm1'm

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	11	Example II			
The principal cause of death and related causes of importance were as follows MAR	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	921	Run over by street car	1 week ago		
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gollstones	Moy 1,1923	Gastroenteritis	1 year		

Other contributory causes of importance:

Gollstones

Moy 1,1923

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE	OF DEATH	
DEATH		los	. 1	

1	. PLAC	CE OF DEAT	TH C	יו ואורוו	LAND				
	Coun	ty Norce	ster			Registration Dist. No. 3 5	0		
	Villag	ge or City Po	comoke.	T.i	6:3	No. R.F.D. St., death occurred in a hospital or institution, give its NAME instead of street and num ds. How long in U.S. II ol lorelgn birth?			
2	. FULI	L NAME AT	fred T.	Jones		If U. S. Veteran, specify WAR			
	(a) F	Residence: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and Sta	ite		
	PEF	RSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIES OR DIVORCED (3 Single		(write the word)	21. DATE OF DEATH February 23rd 1936 (Month) (Day) (Year)						
_	(or) WI	d, widowad, or divor ND of FE of BIRTH (month, day		ch 28th	.1879.	22. I HEREBY CERTIFY Than attended decided to the state of the state o	, 1925		
7. 1		Yaars	Months	Days	If LESS than	to have occurred on the date stated above, at 6 . 4 O.P.m.	00111100010		
		56	10	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	Date of onset		
_	DIRTHPL	vork was done, as S AW MILL, BANK, e deceased last wor his occupation (mor year) 	ked at Jan. ith and 1936 Worcest Mary	sper occu	pation	Other Contributory Causes of importance:			
13. NAME Alfred Jones 14. BIRTHPLACE (city or town) Worcester County (State or country) Narvland.					unty	Name of operation			
MOTHER	15. MAII	DEN NAMEELI	zabeth	Ellis		What test confirmed diagnosis? Was there an auto 23. If death was due to external causes (VIOLENCE) fill in also the following:	psy?		
	(HPLACE (city or to (State or country)	wn) HOFEE	yland.	inty	Where did Injury occur. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	-d		
17.		rass) OCOMO	ke City	Maryla	nd.	opening minimum injury occurred in injuryout, in Home, or in February			
18.	BURIAL, Place	CREMATION, OR. R	. Cemete	Py Feb	.25th, 36	Manner of Injury			
19.	UNOERT/	AKER ONE	ke City	Maryla	uson	24. Was disease or injury in any way related to occupation of deceased?	1		
20.	FILED. F.	el. 24	936	ohn J. 1	Registrar.	(Signed) (Address) Have the	M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAR 3 1986	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	JRD. Ever	HYSICIAN	statemen	
j	r REC	Y. PI	Exact	
MARGIN RESERVED FOR BINDING	RMANEN	XACTL	classified.	
FOR B	IS A PE	stated E	properly	
ED	HIS	l be	, be	6
SERV	NK-T	plnods	it may	
ス	I DN	AGE	that	
ZI	ADI	d.	8, 80	
AAK	UNF	upplie	term	
5	WITH	efully s	in plain	
	LY,	car	TH	
U	LAIN	uld be	DEA	
	TE P	oys 1	E OF	
V. S. No. 1	L-WRI	mation	CAUS	10000
× ×	N. A	T	F	1

	OF MARYLAND—	CERTIFICATE OF DEATH 2235
1. PLACE OF DEATH		(3)
County Works	57.74	Registration Dist. No. 35/
Village or City Amous	- Hill	ND
Length of rasidence in city or town whe		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
(/)	4 1	
2. FULL NAME Name	a v, james	If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS		MEDICAL, CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Col	OR DIVORCED (Agrice tha word)	eleberrary 10 ,193 (
5a. If married, widowed, or divorcad	A	(Month) (Day) (Yea
HUSBAND of Connil	· lon-ess	22. THEREBY CERTIFY That I attanded deceased
- Vilvac	M +4 1853	120 to 720 4 , 196
6. DATE OF BIRTII (month, day, and year)	Wond I now	I last saw h Mulalive on July 4, 1936; death
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on tha date stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
73	ormin.	ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Harman	B. F. R.
4 9 Industry or business in which	21.00077000	- will way is years
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date decaased last worked at this occupation (maps)	11. Total time (years) spent in this Godden	/L
year)	occupation Office	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)		Other Countries of Importance.
(State or country)	geaner	
13. NAME NONT	Know	
14. BIRTHPLACE (city or town)		Name of operation
(State of country)		What tast confirmad diagnosis? Was there an autopsy?_
15. MAIDEN NAME Seing (Lowersend	23. If daath was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	marth	Accident, suicide, or homicide?, 19.
(State or country)	argeans	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT & gruel &:	yours 1	Specify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Addrass) growt /	Hill mg	
18. BURIAL, CREMATION, OR DEMOVAL	Theh 16 wall	Mannar of Injury
risce province & resignation	Date 1897 1913 K	Nature of injury
19. UNDERTAKER Learne .	4 Jennie	24. Was disease or injury in any way rated to occupation of deceased?
(Address) Buon	vill and	If so, specify
20. FILED 2/13/ , 1936 &	Elcoy Sweeth.	(Signed)
, ,	Registrar.	(Address) Durin Jul. / Myl.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AR 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	15-12
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

,	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(84)
County Marcesly	Registration Dist. No.
Village or City focome so tely	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Laures Dan	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wird) 5e. If married, widowed, or divorced	21. DATE OF DEATH He la T (Month) (Day) (Year)
HUSBAND of (or) WIFE of Puls 28, 1901	22. I HEREBY CERTIFY, That Tettended deceased from
6. DATE OF BIRTH (month, day, end yeer)	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.45 Pm.
34 6 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	were as follows: See remarks on other side Dato of onset
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1954) This occupation (month and 1954) Spent in this occupation occupation	
12. BIRTHPLACE (city or town) Marcester sea, (State or comptry)	Dther Contributory Causes of importance:
13. NAME JOY DE LES LES LES LES LES LES LES LES LES LE	
14. BIRTHPLACE (city or town) March 14.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMES 16. BIRTHPLACE (city or town) Wareholder	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) o corrected Cary, led	Specify whether Injury occurred in INDÚSTRY, In HDME, or in PÚBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Date File 10, 1936	Manner of injury
19. UNDERTAKER BUILDIN A STEVENSON OF COMMENTS OF THE STEVENSON OF THE STE	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Fale, 7. 1936 John J. Rely Registrar.	(Signed) John J. Kiley, Regulary, M. B.
	2411 N. Charles Street, Baltimore, Requesting 91 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
	1915 1921	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

This man died suddentley, Dr Parker attended him several years ago from history he was slightly demented No indications of any foul play, cannot say what was the exact cause of his death, No inquest nessasary.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

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N	1)	
	1	

Exact statement of OCCUPA-

CTATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH 292
1. PLACE OF DEATH	
County Mescentin	Registration Dist. No. 332
Village or City Bestern R. find	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long lo U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Platrice Miller	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
finale a.a. married	(Month) (Day) (Year)
Sa. If merried, widowed, or divorced HUSBAND of (or) WIFE of Williams Mille	22. I HEREBY CERTIFY, That I attended deceased from
court god	liast saw e elive on Let 6 1956; deeth is sald
6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Days If LESS than	to have occurred on the dete stated above, et
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	wero as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. SIndustry or business in which work was done, as Silk MILL, SAW MILL, BANK, etc. 10. Dato deceesed last worked at this ceruation would be this ceruation would be the second be the second between the seco	Deobeles Mollilia
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
0 10. Dato decessed last worked at this occupation (month and year) 1. Total time (years) spent in this occupation (coupation	
12. BIRTHPLACE (city or town) Bulling	Other Coutributory Causes of importance:
(State or country) mal	
13. NAME / homes Briddell 14. BIRTHPLACE (city or town) Bloken:	
14. BIRTHPLACE (city or town) 22 leur	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIDEN NAME & alle 4 and	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Salle foamett	Accident, suicide, or homicide?
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MANY Beller and	Specify whether Injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
18, BURIAL, CREMATION OR REMOVAL Piece The Library Dete Tella 193/	Manner of Injury
Va District	Neture of Injury
19. UNDERTAKER Amis of Substitution (Address)	24. Wes disease or injury In any wey related to occupation of depended?
20. FILED 7724 10, 1936 IN Mumford	(Signed) Chas I - Jaw M. D.
We kithy Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroentcritis	1 year

A	DDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 B

OK BINDING	S A PERMANENT	tated EXACTLY	roperly classified.	rtificate.
	S	s ac	e F	of co
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY,	mation should be car	CAUSE OF DEATH	/TION is very imports

STATE OF MARYLAND	CERTIFICATE OF DEATH 23
1. PLACE OF DEATH	(2)(2)
County Noveeler	Registration Dist. No. 352
Village or City & Class Kily	**
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME anna L.M oukho	If U. S. Veteran, specify WAR
(a) Residence: No. (Y Class Cuty (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. HEREBY CERTIFY Inst lattended deceased from
6. DATE OF BIRTH (month, day, and year) March 3-1867	1 last saw her alive on Tele 3 136; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 2. P. m.
/2 // O 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Z 8. Trada, profession, or particular	were as follows: Present hours for prestoned
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	arleres Relacodes 76
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town)	Othar Contributory Causes of importanca:
(Stata or country)	
13. NAME Fund Jules 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CLYSCAPTH & CSSETT	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
≥ (State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT James Mouthouse (Address) Ballo, Mal	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Mingreen Dat et 3 , 1936	Nature of injury
19. UNDERTAKER J. W. Burbugl (Address) (Belie Doll)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 2/4-, 19.36 J-S-Mulifra	(Signed) A Store Leaf M. D. (Address) (League C. 2 - 246)
January Januar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	=11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 1927	Peritonitis	3 days ago
MUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1 m TION is very important, See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 223
1. PLACE OF DEATH	(3)
County / Varcenter	Registration Dist. No.353
Village or City Bishafa Maryland	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME SOAR Muserefore	1-0-1-
(a) Residence: No. Bishop mouthand 14	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word) Market	21. DATE OF DEATH John (Oay) (Year)
5a. If married, widowed, Adivorced HUSBAND of (or) WIFE of Mcce Mumford	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2/1/1866 7. AGE Years Months Deys If LESS than 1 day,hrs.	I last saw he alive on 19 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
70 /0 ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc	Pop 7 Pop ?
Industry or business in which	Ehr Mephrus
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and spant in this	
12. BIRTHPLACE (city or town) Drawland	Other Contributory Causes of Importance:
(State or country)	Chr. Myocardilis
13. NAME Joseph mumford	
14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Oete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comfort Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Oate of injury, 19
(Stete or country)	Whera dld injury occur? (Specify city or town, county and State)
17. INFORMANT Mis stat Mumber (Address) Bearing march 1840	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Pecke Cofmetry Date Feb. 13 , 1936	Nature of injury
19. UNDERTAKER P. H. Walson & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) Sellefuelle Pelacura	If so, specify (Signed) M. D.
20, FILED 11 (A 1936 Sames FT XXXXX	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1928

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	infor-	state
M	item of	plnods
7	Every	CIANS
2	RECORD.	. PHYSI
FOR BINDING	IS A PERMANENT RECORD. Every item of infor-	stated EXACTLY. PHYSICIANS should state
FOR	IS A	stated

of OCCUPA-

Exact statement

properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	DEATH TOTAL OF BEATH
County Perores les	Pagistration Diet No. 3 5-2
	Registration Dist. No.
Village or City	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U. S. if of foraign blrth?yrsmosds.
2. FULL NAME John W. Purnell	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Mary L. Purnell	22. I HEREBY CERTIFY, That I attended decaesed from
S DATE OF PIPTH (month day and year) Why il 15 1870	
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS then	to have occurred on the data steted above, a 2 . Pm.
15 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were es follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wales III
Work was done as SILK MILL	arehard Hemouston
SAW MILL, BANK, etc. 11. Total time (years)	
this occupation (month end spent in this occupation	
marisha d	Other Contributory Causes of Importança:
12. BIRTHPLACE (city or town) (State or country)	an ruthruin
# 13. NAME Lever W. Purnell	
13. NAME Level W. Survell 14. BIRTHPLACE (city or town) Warofland	Nama of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Louis Louising.	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Journa House La Company 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicida? Date of injury, 19
(Slate or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Clearing while (Address)	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Significant Ent Com Date 115. 40, 1936	Nature of Injury.
19. UNDERTAKER MU Burbage	24. Was disaase or injury in eny way related to occupation of decayed?
(Addrass) Berlin Md.	If so, specify
20. FILED Freh 29 1936 IV Muniford	(Signed) M.D.
A C L Registrar,	(Address) Service Level

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V. S. No. 1

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.

STATE OF	MARYLAND-CERTIFICATE OF DEA	TH 23	3

1. PLACE OF DEATH	<i></i>	——— (93-a)	
County Markest	ch a	Registration Dist. No. 362	
Village or City Belle	in med	No. St.	Ward
, 000		f death occurred in a hospital or institution, give its NAME instead of street and s	umber)
Length of residence in city or town where death	occurredyrsmos		sds.
2. FULL NAME	ree tu	Land If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.	C
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
There ale fol	OR DIVORCED (write tha word)	Thomasy 6	, 193 6
5a. If married, widowed, or divorced		(Month) / (Day)	(Үаөг)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended	deceased Irom
(10	2 162	0 ,197 6, to 70%	, 192
6. DATE OF BIRTH (month, dey, end yeer)	lay 21, 1730	Tlast saw h 2 alive on 1996	; deeth is sald
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the data steted abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8	ormin.	were es follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		north	4-1
SAWYER, BOOKREEPER, etc	************	- Il Mountains	ma
work was done, as SILK MILL, SAW MILL, BANK, etc.	****		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SINDUSTRY or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and year)	11. Total time (years) spent in this occupation		
n	d	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	-4	July V	Lag
1 1 . 2	Wiland		
E	comme		
14. BIRTHPLACE/(city or town)	nd.	Nama of operation Data of	
	Freh dand	What test confirmed diagnosis?	
I T	J. C. Lawren	Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (Steta or country)	ud	Where did injury occur?	, 13
10111 10	iland	(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	e)
17. INFORMANT (Address)	in mil		1341
18. BURIAL, CREMATION, OR REMOVAL	70.0	Manner of Injury	
Placeffermantance	Date HA 9, 1936	Nature of Injury	
19. UNDERTAKER J. M. 15	is hay e	24. Was disease or injury In any way related to occupation of deceased?	ni
(Address) / Sulla	ind	If so, specify	
20, FILED #81- 9 1936 DV N	Tuentra d	(Signed) Illing & Jones	M. D.
20, 1100-20-20-20-20-20-20-20-20-20-20-20-20-2	Registrar.	(Address) Ballens Pan	2
CA Halla If more blan	iks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example 1	Įį.	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR = 1800	July 5, 1927	Peritonitis	3 days ago
SUMEAU V. S.	700		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 B TION is very important. See instructions on back of certificate.

	STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH
OF	DEATH					

5 I A I E OF MARYLAND—	CERTIFICATE OF DEATH 2242
1. MORCO TIME	9200
County CO BECAUTE STATE OF	Registration Dist. No. 39/
Village or City Subw V 400	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Engly En Pily	If U. S. Veteran, specify WAR 220
7/1/1/	
(a) Residence: No. purp (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Femal White OR DIVORCED (write the word)	Frb 2/, 193 6
5a. If married, widowed, or divorced HUSBAND of A 7744	(Month) (Dey) (Yaer)
(or) WIFE of Line S. (Cilm	22. I HEREBY CERTIFY, That I ettended deceased from
1. A 11. 2112 E118	JNO 2/ ,1936, to JNO 2/ ,1936
6. DATE OF BIRTH (month, day, and yeer)	1 lest saw h 1 alive on 410 2/ 1936; deeth is seld
7. AGE Yeers Months Deys If LESS then 1 dayhrs.	to heve occurred on the date stated above, at 42.43.4.m.
8 / 5 4 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8 Trede, profassion, or particular kind of work done, as SPINNER, Where	,
kind of work done, as SPINNER, Nouse	Meral Jugurgelation
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	/ /
O 10. Data daceased last worked at this occupation (month and year)	
A Solion	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Dusty / Hull (Stata or country) , n anylou	-
	-
13. NAME Robert Lunling 14. BIRTHPLACE (city or town) June 14 11 11 11 11 11 11 11 11 11 11 11 11	
14. BIRTHPLACE (city or town) June 15. (State or country)	Nama of operetion Dete of
	Whet tast confirmed diagnosts? Was there en autopsy?
15. MAIDEN NAME Sallis Strutt 16. BIRTHPLACE (city or town) Duwn Juli	23. If deeth was dua to extarnal ceuses (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) Duwy VIII	Accident, suicide, or homicide?, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT OURS 1. N. Stogg	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Survi Juli /	
Place Duow Vell Dete File 23 1936	Manner of injury
Dete	Nature of Injury
19. UNDERTAKER Dluuis & Nearu	24. Was diseesa or injury in any wey related to occupetion of deceasad?
(Address)	If so, specify
20. FILED 2/22 19 36 LEKoy Secreth	(Signed) A y M, D
Registrar.	(Address) Duow Hill Mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	•	2010
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Fuly 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH 224
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1. PLACE OF DEATH	23
County Warcisti	Registration Dist. No. 357
Village or City Stackton Mrd	ND. St Ward
l (If	death occurred in a horpital or institution, give its NAME instead of street and number) 17. ds. How long in U.S. If of foreign birth?
2. FULL NAME Thomas Panoling	
(a) Residence: No. Stachter (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male Colonel Singles	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Sust 15 1910	I last saw h aliva on
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 3.30 A.m.
25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Pulmonary Inbuculosis Date of onset
4 9 Industry or husiness in which	at the time of his death he
3 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	ded not have a hiprorien The
11. Total time (years) this occupation (month and	last the went & was grater
year) occupation	Dther Contributory Consess of importance:
12. BIRTHPLACE (city or town) Stackton,	The day before his death he was
(State or country) manyland	topoguiste de pius in his Rose and
13. NAME Richard Carbley	from the distription to must have
14. BIRTHPLACE (city or town) (State or country)	Name of operation and prison one of Galegory
# 15. MAIDEN NAME Comic Lee Bishop	What test confirmed diagnosis? Was there an au opsy?
HE SOME LEE STEWNS	23. If death was due to external causes (VIDL ENCE) fill in also the following:
[State or country] . Stock for. md.	Accident, suicide, or homicide?
17. INFORMANT Promise Lee Rawley	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Stockfore Will.	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place 22. 10 + tuman limber tu 5 , 1936	Nature of injury
19. UNDERTAKER Jung Bennet.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Afactatan md.	If so, specify
20. FILED Ich 3rd, 1926 may m. Taylo.	(Signed) Mary M Taylo I went Vigiolius
Registrar.	(Address) Jacobatan (M4

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Example L	Arthur communication communica	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis MAD =	1915	Attock of epilepsy	1 week ago
Chronie interstition nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	^
TG B	ENT RECORD. H	TLY. PHYSIC	ed. Exact state	
MARGIN RESERVED FOR BINDING	S IS A PERMAN.	stated EXAC	properly classifi	, 0.,
RESERVED	ING INK-THIS	AGE should be	o that it may be	
MARGIN	WITH UNFAD	efully supplied.	in plain terms, se	
•	VRITE PLAINLY,	tion should be car	AUSE OF DEATH	
-	1	E	C	ĺ

	STATE OF MARYLAND	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(93-7)
	County Warrester	Registration Dist. No. 35-2
	Village or City Bushin Ford	No. St. Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) ds. Hoy-long in U.S. if of foreign birth?
	7/1 / //	
	2. FULL NAME THANK I STRANGE	Wright U. S. Veteran, specify WAR
1	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX / 4. COLOR OR RACE / 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
	5a. If married, widowad, or divorced HUSBAND of	A
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
	(1 m/s 12 1842	, 19, to, 19, 19
ate	6. DATE OF BIRTH (mon(h, day, and year) W/W	I lest saw h alive on, 19; deeth is safd to have occurred on the date stetad above, atm.
ific	/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
certificate	62 9 /2 ormin.	ware as follows:
o jo	8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Ga + H. + Jail
	3. Industry or business in which	went ring factace
back	Industry or business in which work was done, es SILK MILL, Harmel	aux to a viliana
on	10. Date deceased last worked at this occupation (month and spant in this	neysearaitis
	year) occupation	Oh. C 1-3 1 C 1 - 1 - 1
tio	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
instructions	(Stete or coontry)	\cap
nst	13. NAME Sampson Small on	
	14. BIRTHPLACE (city or town)	Name of operation Data of
See	(State or country)	What test confirmed diagnosis? Was there en autopsy?
ıt.	15. MAIDEN NAME CARRAGE (KISEK	23. if daeth was due to external ceuses (VIOLENCE) fill In elso the following:
important	15. MAIDEN NAME CANADA (Surely 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
poi	E (State or country)	Where did injury occur?
	17. INFORMANT Paul Wassen	(Specify city or town, county and State) Spacify whathar injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
very	(Addrass)	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Si N	Place Laylor Mille Date the 2 50 19 3 6	Neture of injury
LION	19 UNDERTAKER & A Bushase	24. Was disease or injury in eny way related to occupation of deceased?
H	(Addrass)	If so, specify
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signat) MA CULTURE M. D.
T	20. FILED TO THE REGISTRAT.	Hotos; acting an Carencel
0	If more blanks are needed, address State Registrar,	2411 N. Carles Street, Baltimore, Requesting U. S. No. 1.

Dasc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	is in	Example 11		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 2	July 5,1927	Peritonitis	3 days ago	
EUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(31)	'
County Wargester	Registration Dist. No. 353	
Village or City Dishopville	NoSt.,	Ward
	f death occurred in a horpital or institution, give its NAME instead of street and n ids. How long In U.S. if of foreign birth?yrsmo	
2. FULL NAME Mary 6. Lubbs.		
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH. (Month) (Oay)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended of	
James & Supos	Oct 1931, to 24 /2	1976
6. DATE OF BIRTH (month, day, and year)	I last saw h. Ev alive on Der 14 1931	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date staled above, at	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	Myrturelles	ZWERK
work was done, as SILK MILL, Laurumfa		
SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and 1935) year) 11. Total time (years) sperit in this occupation occupation		
100.1.	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Morne Juportulal afolithe.	aufan
111111111111111111111111111111111111111		
13. NAME Alhansel Luclus 14. BIRTHPLACE (city or town) Jewley	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an ac	utanou?
15. MAIDEN NAME Stalles Sones.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	
(State or country)	Where did Injury occur?	·
17. INFORMANT MAY Sumpton Siland (Address)	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	.CE.
18. BURIAL, CREMATION, OR REMOVAL It morphs nech theret	• Manner of injury	
Place Sushipeville, Md. Date Feb 19 , 1936	Nature of Injury.	
19. UNDERTAKER ALLS Moddyska Watson	24. Was disease or injury In any way related to occupation of deceased?	
(Autress) surfuguelle alt.	If so, specify	
20. FILEO Terillo 1936 Jako Atyan	(Signed)	M. O.
() Registrar.	(Address)	2-1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

\	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	Village or City Whaleyvill St. F. D	Registration Dist. No. 353
\	(1)	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
	(a) Residence: No. What wille Mid Rose (Usual place of abode)	7.70St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE Sense OR DEVORCED (write the word)	21. DATE OF DEATH 22 ,193 6 (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of Child	22. I HEREBY CERTIFY, That I ettended deceased from
ė.	6. DATE OF BIRTH (month, day, and year) 8-8-1933	
certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
back of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	dustistical Topassia
no	work was done, as SILK MILL, SAW MILL, BANK, etc	Passing + Convuleurs
instructions	12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:
instr	E 13. NAME Welliam Jumes	
See	14. BIRTHPLACE (city or town) Detaware (State or country)	Name of operation Dete of What test confirmed diagnosis? Doeter Was there en eulopsy?
ant.	15. MAIDEN NAME Bernise Niblet	23. if deeth wes due to external causes (VIOL ENCE) fill In elso the following:
is very important.	16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT MA Heliam Symeof (Address) What well and 1825	Accident, suicide, or homicide?
	18. BURIAL, CREMATION, OR DEMOVAL Place Thestroyal Certificate \$24.,193.	Menner of injury
) TION	19. UNDERTAKER Selver Selver Son (Address) Selver De Care	24. Was disease or injury in any way related to occupation of deceased? It is a specify the second of the second o
T	20. FILED Felt a de (19) A sul Registrar. If more blanks are needed, address State Registrar.	(Signed) M. D. (Address) Active Conclusion M. D. 2411 N. Charles Street, Baltimore, Requesting V. S. N. Policies VIII

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TANANTIONALIN	DI TIONS	T. OIC	T. OTCTTTTTTC	DIVITINITINI	E) E	THISTOTAM

	infor-	state
M	item of	plnods
	Every	CIANS
-	RECORD.	PHYSI
BINDING	PERMANENT	EXACTLY
FOR	IS A	stated
RESERVED FOR BINDING	NG INK-THIS IS A PERMANENT RECORD. Every item of infor-	AGE should be stated EXACTLY. PHYSICIANS should state

of OCCUPA.

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-	-CERTIFIC	ATE	OF	DEAT
				00		

		S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH	
	1. PLACE OF		12			(473).	-0
	County				WITH	Registration Dist. No. 33	
	Village Dr Cit	ty Po	comoke_	City	()(No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
	Langth of rasid	ance in city	y or town where o	daath occurrad		ds. How long in U.S. if of foreign birth?yrsmos	
	2. FULL NAN	ME C	harles	R. atso	n	If U. S. Veteran, specify WAR	
	(a) Residence	e: No				St., Ward:	
patrons	DEDCON	A 7 A A A A A A A A A A A A A A A A A A		(Usual place		If nonresident give city or town and Sta	te
3	SEX		OR RACE	ICAL PART	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
	Vale	Whi			D (write the word)	Pocomoke City, February 27th. 19	936
_	e. If marriad, widowa HUSBAND of			MICTON	C.L	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	Stel	la N.Wa	tson		22. HEREBY CERTIFY. Thet ettended dec	eesed from
2	DATE OF BIRTY (nonth day	and wases N.O.	T 5m2 Tr	276	Mast saw harmalive on Feb 27 13/2 d	, 19
			Months	Days	If LESS than		0011113 3010
	59		3	24	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causas of Importence	
z	8. Trede, profess	8. Trede, profession, or particuler kind of work done, as SPINNER, Nerchant (Seafood) 9. Industry or businass in which work was done, as SIK MILL, SAW MILL, BANK, etc. 1 dey,hrs.					
TION	011111			rchant	Seafood)		
UPAT	work was	done, as SI	ILK MILL,			roung External	acey
OCC	Paris, No.			11. Total	ima (yaars) nt in this		
3	year)		1935	000	upetion15_	Other Contributory Causes of importance:	
12	2. BIRTHPLACE (city			ter Con	nty	0	
~	(Stata or count		Maryl	and.		Karemann 7 rolls	
FATHER	13. NAME		Watson			lung!	
FAT	14. BIRTHPLACE			ster Cor rvland	inty	Neme of operation	S-
2	1	-				What tast confirmed diegnosis? Wes there en auto	psy?
MOTHER	16. BIRTHPLACE				2 m + 12	23. If daeth wes due to axternel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?	10
MO	(State or			rvland.	441.64	Where did injury occur?	- µ 13
11	7. INFORMANT	llia	m Watso	nn		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE	
	(Address) 0	como	ke City	y, l'aryla			
18	BURIAL CREMATI DADTIST Placecome	ON, DR RI	EMOVAL	None	101 et 36	Manner of injury	
	Placecomo	ke-0	ity, lin	Pate	hlst ,1936	Nature of injury	
19	9. UNDERTAKER	ers		Slew	Rudon	24. Was disaesa or injury in any way related to occupation of dacaased?	9
7	(Addrass)			Naryla	nd.	If so, specify	
20	O. FILED Jak.	26,1	936	The J.	Redistrar.	(Signed) (Address)	M. D

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Chronic interstitial nephritis	1921	Run over by street ear		
Cerebral hemorrhage	July 5, 1927	Peritonitis	1 week ago 3 days ago	
	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		* = = = = = = = = = = = = = = = = = = =		
	J			

ADDITIONAL	CDACE	EOD	DIDMITTO	STEATEMENING.	DV	DUVELCIAN	
ADDITIONAL	SPAUE	FUK	FURTHER	STATEMENTS	ВХ	PHYSICIAN	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2244
County Worldster	Registration Dist. No. 355
Village or City Justin and	No. St., Ward
	death occurred in a hospital or institution, give its NAIVE, instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME (Paynty)	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH Det 20 1936
Wille Willaule	(Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mananda Wish	22. I HEREBY CERTIFY, Thet I attended decessed from
M-11/21/18	Nast sawh elive on A L 186; death is seid
6. DATE OF BIRTH (month, day, end yeer) (/ Cally 2 4, / 8 c 7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete stated above, at
7. AGE Teers Months Deys IT LESS then 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
80 // Ormin.	were es follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	01 2 11 -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 3 Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupation (month end.) 11. Totel time (yeers)	Chr. nefhrulu
10. Date decessed lest worked et this occupation (month end 1932 spent in this year)	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country),	the myrcardet
13. NAME / Lendall 15. West 14. BIRTHPLACE (city or town) Made	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(Stete of country)	Whet test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Masy Jumpuon 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
State or country)	Where did injury occur?
17. INFORMANT (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Chery selse Dote / Marsh 21936	Neture of injury
1/11/12	
19. UNDERTAKER (Address) Participal Conditions	24. Was disease or injury in eny wey releted to occupation of decaased?
20. FILED 361- 1936 Helen & Harwar	(Signed) M. D.

If more blanks are needed, address Stale Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
•				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN